

Table of Contents

State/Territory Name: Missouri

State Plan Amendment (SPA) #: 22-0033

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



December 23, 2022

Robert Knodell, Director
Missouri Department of Social Services
Broadway State Office Building
P. O. Box 1527
Jefferson City, Missouri 65102

Re: Missouri State Plan Amendment (SPA) 22-0033

Dear Mr. Knodell:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Missouri's Medicaid state plan, as submitted under transmittal number (TN) MO 22-0033. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0033 is approved effective February 1, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Deborah Read at 816-426-6363 or by email at Deborah.Read@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.12.23
07:47:37 -05'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>2 2 0 0 3 3</u> | 2. STATE <u>MO</u> |
| | 3. PROGRAM IDENTIFICATION TITLE <u> </u> OF THE SOCIAL SECURITY ACT Title XIX | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE <u>December 1, 2022</u> — February 1, 2023 | |
| 5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 22 \$ <u> </u> b. FFY 23 \$ <u> </u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 7.4.A - page 1 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) | |

9. SUBJECT OF AMENDMENT

This SPA is to rescind a COVID-19 temporary flexibilities that was granted through SPA 20 0012

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *SW* OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
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| | 15. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102 |
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FOR CMS USE ONLY

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| 16. DATE RECEIVED <u>10/17/2022</u> | 17. DATE APPROVED <u>12/23/2022</u> |
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PLAN APPROVED - ONE COPY ATTACHED

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| 18. EFFECTIVE DATE OF APPROVED MATERIAL <u>2/1/2023</u> | 19. SIGNATURE OF APPROVING OFFICIAL <u>Alissa M Deboy -S</u> Digitally signed by Alissa M Deboy -S Date: 2022.12.23 07:48:19 -05'00' |
|--|---|

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| 20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u> | 21. TITLE OF APPROVING OFFICIAL <u>on behalf of Anne Marie Costello, Deputy Director, CMCS</u> |
|--|---|

22. REMARKS

*Pen & Ink change to Box #4 authorized by State per email dated 12/21/22

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective February 1, 2023, the agency rescinds the election at D-2 on page 104 and G on page 108 of section 7.4 (approved on 06/17/2020 in SPA Number 20-0012) of the state plan to:

- Allow flexibility to deliver personal care services not in accordance with a service plan approved by the state. Providers able to meet the needs of participants may deliver any personal care task deemed necessary to protect the health and welfare of the participant, within the authorized unit limit, even if the specific task is not listed in the plan of care.
- Authorized nurse supervisory visits may be provided through telehealth.
- For agency model personal care, family members who do not live in the same residence and are not legally responsible individuals, spouses or legal guardians, may provide services when no other care giver is available and must be employed by or contracted with a Medicaid HCBS contracted provider. (a 90-day window to be compliant is requested with this rescission)